STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:		Please	check the appropriate box and fill in
MAILING ADDRESS:	Rep. Peter L. Rines	the D	strict number.
CITY:	334 Bradford Road Wiscasset, ME 04578	_ □	Member of the Senate, District
ZIP CODE:			
PHONE NUMBER:	207-882-9794		Member of the House, District 53
		4	

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	<u>Address</u>	Principal Type of Economic Activity of Employer
Southern Mains Com	number Cal 2 FORTRD Sofe-Hand	- -
		+103 (KOT (O)
	,	
Core me name and additi	ED FROM SELF-EMPLOYMENT. (For Legisess of your business, if any, and list the major area (th a partnership, firm, professional association, or entity.	is of accompania activity. Consulting
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity
		(partnership, association or similar business ent
Name each source of inco \$1,000, whichever is great derived such income. If t	ome derived from self-employment that represents ater, and specify the principal type of economic act	more than 10% of your gross income or tivity of the entity or person from whom you
Name each source of inco \$1,000, whichever is great derived such income. If t	ome derived from self-employment that represents	more than 10% of your gross income or tivity of the entity or person from whom y r an established code of professional ethic from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
·	pia _	
	<u> </u>	
ART V. DISCLOSURE Of 3,000 or more that you receive of list loans from a relative. If	en derms nie tebilitiile bebou and	ES. List the names of creditors for any unsecured loan illust the major areas of economic activity of each creditor.
Name of Creditor	Address of Cre	Principal Type of Economic Activity of Creditor
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ART VI. DISCLOSURE O		Nurse of each gift of an analysis and an analy
ART VI. DISCLOSURE Of gregate value of more than \$3	F GIFTS. Name the specific so 00 from a single source. If none, s	ource of each gift of more than \$300. Include gifts with so state.
ART VI. DISCLOSURE Ogregate value of more than \$3	F GIFTS. Name the specific so 00 from a single source. If none, s	ource of each gift of more than \$300. Include gifts with so state.
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ART VI. DISCLOSURE Of gregate value of more than \$3 ART VII. DISCLOSURE (ated to your official duties. If RT VIII. REPRESENTAT	PF GIFTS. Name the specific so 00 from a single source. If none, s MA	ource of each gift of more than \$300. Include gifts with so state. The process of any honoraria accepted for appearances or speech

	AU 14	tify each executive branch agency to which you or a member a excess of \$1,000 during the reporting period. If none, so state
	78.4/7	2
PART X. INCOME:	DECERTED DATES	
	RECEIVED BY MEMBERS OF IM	
List the type of econon	nic activity representing each source of	income of \$1,000 or more received by your spouse or depend
child(ren) during the re income received by spe	eporting period and the kind of income puse and (D) beside sources of income	ncome of \$1,000 or more received by your spouse or depend represented. Do not include gifts. Indicate (S) beside sources received by dependent(s).
Type of Economic	Activity	
Representing Each	Source of	
Income Receiv	<u>′ed</u>	Kind of Income
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e intentional filing	of a false statement shall be a C	Class E crime. If the Commission concludes that it
pears that a Legisl	ator has willfully filed a false str	Class E crime. If the Commission concludes that it attement, it shall refer its findings of fact to the
torney General. If	the Commission determines the	atement, it shall refer its findings of fact to the it a Legislator has willfully failed to file a required Legislator shall be
tement or become	fully filed a false statement, the !	it a Legislator has willfully failed to file a required Legislator shall be presumed to have a conflict of
cement of nas will	stion and shall be precluded from	Legislator shall be presumed to have a conflict of m voting on any question in committee or in either
erest on every ques		S " " " " MacSilvon III COMMINITIES OF IR Althor
erest on every ques ench of the Legisla	ture, and shall not attempt to in	fluence the outcome of any question. A I
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